DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG 01, 02		(X3) DATE SURVEY COMPLETED	
155479		B. WING	B. WING			R 03/27/2013		
NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE				10	EET ADDRESS, CITY, STATE, ZIP CODE 010 W WASHINGTON CENTER RD ORT WAYNE, IN 46825	, 00.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL) TAG CROSS-REFERENCED TO THE APPROPROFILE OF THE APPROPROPROPROPERTY OF THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO			(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS		{K ()00}				
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/24/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/27/13 Facility Number: 000522 Provider Number: 155479 AIM Number: 100267040 Surveyor: Amy Kelley, Life Safety Code Specialist At this PSR survey, Kingston Care Center of Fort Wayne was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and with 410 IAC 16.2. The original building consisting of the main entrance and the 100 hall was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detector in all resident rooms on the 200, 300 and 400 halls. Single station battery operated smoke detectors have been installed in all resident rooms on 100 hall. The facility has a capacity of 120 and had a census of 110 at the time of this survey.							
ARODATORY	DIRECTOR'S OR PROVIDER'S	SUPPLIER REPRESENTATIVE'S SIGNATUR	F		TITI F		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		(X3) DATE SURVEY COMPLETED		
155479			B. WING		R 03/27/2013		
NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE				101	ET ADDRESS, CITY, STATE, ZIP CODE 0 W WASHINGTON CENTER RD RT WAYNE, IN 46825	<u>, oo,</u>	2172010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		BE COMPLETION	
{K 000}	Continued From page 1 All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except a detached storage building used for the storage of mowing equipment.		{K (000}			
{K 000}	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/28/13. INITIAL COMMENTS		{K ((000			
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/24/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).						
	Survey Date: 03/27/1 Facility Number: 000 Provider Number: 15	522 5479					
	AIM Number: 100267 Surveyor: Amy Kelle Specialist						
	Wayne was found in a Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC) The new section build 300 and 400 halls wan New Health Care Occ	ticipation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C) and with 410 IAC 16.2. ding consisting of the 200, s surveyed with Chapter 18,					
	Type V (111) construct						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED R 03/27/2013		
		155479	B. WING				
NAME OF PROVIDER OR SUPPLIER KINGSTON CARE CENTER OF FORT WAYNE				STREE 1010	T ADDRESS, CITY, STATE, ZIP CODE D W WASHINGTON CENTER RD RT WAYNE, IN 46825	1 03/	2//2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		BE COMPLÉTION	
{K 000}	sprinklered. The facil with smoke detection to the corridors and hall resident rooms on Single station battery have been installed in hall. The facility has census of 110 at the taccess were sprinkled facility services were	ity has a fire alarm system in the corridors, areas open ard wired smoke detector in the 200, 300 and 400 halls. operated smoke detectors all resident rooms on 100 a capacity of 120 and had a time of this survey.	{K (000}			